

Wisconsin Medicaid Provider Handbook, Part P, Division I

Issued 3/98

Occupational Therapy Table of Contents

	Page #
I. General Information	
A. Type of Handbook	1P1-001
B. Provider Information	1P1-001
Provider Eligibility and Certification	1P1-001
Certification Requirements for Occupational Therapists	1P1-001
Certification Requirements for Occupational Therapy Assistants	1P1-001
Occupational Therapy Aides	1P1-002
Certification Requirements for Rehabilitation Agencies	1P1-002
Medicaid Certification Process for Rehabilitation Agencies	1P1-003
Certification for Durable Medical Equipment	1P1-003
Types of Medicaid Provider Certification and Billing Numbers Issued to Individuals and Organizations Providing Occupational Therapy Services	1P1-003
Individual Performing Provider Number That Is Also a Billing Number	1P1-003
Individual Performing Provider Number That Is Not a Billing Number	1P1-004
Group Billing Number That Requires a Separate Performing Provider Number	1P1-004
Group Billing Number, Performing Provider Number Is Not Required	1P1-005
Payment Methods	1P1-006
Overhead Costs	1P1-006
Provider Responsibilities	1P1-006
C. Recipient Information	1P1-006
Verifying Recipient Eligibility	1P1-006
Copayment	1P1-007
Annual Copayment Maximum	1P1-007
Recipients Enrolled in Managed Care Programs	1P1-007
D. HealthCheck	1P1-008
HealthCheck "Other Services"	1P1-008
E. School-Based Services Benefit	1P1-009
Background	1P1-009
Covered School-Based Services	1P1-009
Certification for School-Based Services: Impact on Therapy Providers	1P1-009
F. Birth to 3 Program	1P1-010
II. Covered Services & Related Limitations	
A. Introduction	1P2-001
B. Covered Services	1P2-001
Medically Necessary Services	1P2-001
Evaluations	1P2-002
Therapy Evaluations in Facilities for the Developmentally Disabled	1P2-002
Procedure	1P2-003
Modality	1P2-003
Group Treatment	1P2-003
C. Prescription	1P2-003
D. Plan of Care	1P2-003
E. Daily Service Limitations	1P2-004
Ninety-Minute Daily Coverage Limitation	1P2-004
Daily Unit of Service Limitation	1P2-004
F. Spell of Illness	1P2-004

Wisconsin Medicaid Provider Handbook, Part P, Division I

Issued 3/98

Definition	1P2-004
Documenting a Spell of Illness	1P2-004
When a Spell of Illness Begins	1P2-004
The Recipient's First Spell of Illness	1P2-004
Treatment Days Allowed Within a Spell of Illness	1P2-004
When a Spell of Illness Ends	1P2-005
Approval Process for a Spell of Illness	1P2-005
Approval Criteria for a New Spell of Illness	1P2-005
Services in Excess of 35 Treatment Days per Spell of Illness	1P2-006
Coverage of Treatment for Conditions That Never Qualify for a Spell of Illness	1P2-006
G. Additional Requirements	1P2-006
Co-Treatment (Interdisciplinary Treatment)	1P2-006
Procedures Allowable by Occupational Therapy Assistants	1P2-006
Duplicate Services	1P2-006
Preventive/Maintenance Therapy Services	1P2-006
H. Durable Medical Equipment and Disposable Medical Supplies	1P2-007
I. Communication with Other Medicaid Providers	1P2-007
General Requirements	1P2-007
Documentation of Communication With Other Therapy Providers	1P2-007
Coordination With County Birth to 3 Programs	1P2-008
J. Noncovered Services	1P2-008
III. Prior Authorization	
A. General Information	1P3-001
B. Services Requiring Prior Authorization	1P3-001
When Wisconsin Medicaid Requires Prior Authorization	1P3-001
Co-Treatment (Interdisciplinary Treatment)	1P3-001
Other Information	1P3-002
Services Provided by Outpatient Hospital Facilities	1P3-002
Services Provided by Home Health Agencies	1P3-002
Services Provided by School-Based Services Providers	1P3-002
C. General Prior Authorization Requirements	1P3-002
D. Extension of Therapy Services	1P3-003
E. Completion of Prior Authorization Request Forms	1P3-003
F. Modifiers	1P3-004
Modifiers for Occupational Therapy Procedure Codes	1P3-004
How to Request Prior Authorization Using Modifiers	1P3-004
How to Request a New Spell of Illness Using Modifiers	1P3-005
G. Additional Information Relating to Prior Authorization	1P3-005
Multiple Providers	1P3-005
Change of Provider	1P3-005
Review of Prior Authorization Decisions	1P3-006
Informal Review	1P3-006
Fair Hearing Process	1P3-006
Amending Approved Prior Authorization Requests	1P3-006
Amendment Request Approval Criteria	1P3-007
Prior Authorization Amendment Request Denial Criteria	1P3-007
Obtaining Prior Authorization	1P3-008
H. HealthCheck "Other Services"	1P3-008
IV. Billing Information	
A. Coordination of Benefits	1P4-001

Wisconsin Medicaid Provider Handbook, Part P, Division I

Issued 3/98

B. Medicare/ Medicaid Dual Entitlement	1P4-001
Therapy Crossovers Subject to Medicaid Payment Limitations	1P4-001
C. Qualified Medicare Beneficiary-Only Recipients	1P4-001
D. Referring Provider	1P4-001
E. Reimbursement Methodology	1P4-001
Maximum Allowable Fees Under HFS 107.17	1P4-001
F. Treatment Units	1P4-002
Conversion of Therapy Treatment Time to Medicaid Treatment Units for Billing Purposes ...	1P4-002
Bill Face-to-Face Treatment Time Only	1P4-002
G. Daily Service Limitations	1P4-002
Ninety-Minute Daily Coverage Limitations	1P4-002
Daily Unit of Service Limitation	1P4-002
H. Billed Amounts	1P4-002
I. Diagnosis Codes	1P4-003
J. Procedure Codes	1P4-003
Occupational Therapy Procedure Codes	1P4-003
Billing for Services Provided Off the Licensed Hospital Location	1P4-003
Billing for Services Provided at the Licensed Hospital Location	1P4-003
Billing Evaluation Services in Facilities for the Developmentally Disabled	1P4-003
Billing for Birth to 3 Services	1P4-003
K. Modifiers	1P4-004
How to Bill Using a Modifier on the HCFA 1500 Claim Form	1P4-004
Paper Claim Submission	1P4-004
Paperless Claim Submission	1P4-004
L. Claim Submission	1P4-004
Paper Claim Submission	1P4-004
Paperless Claim Submission	1P4-004
Claims Submission Deadline	1P4-005
M. Follow-up to Claim Submission	1P4-005